

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 24, 2006 8:00 am
Secretary of State

07-24-2006 90006 006 ****61.25

DOCUMENT # NC000003762

1. Entity Name
SPRINGHEAD UNITED METHODIST CHURCH, INC.



Principal Place of Business
2301 SPARKMAN RD.
PLANT CITY, FL 33566

Mailing Address
2301 SPARKMAN RD.
PLANT CITY, FL 33566



07062006 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-0795308

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TWEADY, SIDNEY
538 GRAND CAYMAN CR
LAKELAND, FL 33803

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: *Sidney Tweady*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

7/16/06

DATE

Filing Fee is \$61.25
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT TWEADY, SIDNEY 538 GRAND CAYMAN CR LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST MCCULLOUGH, KATHLEEN 2305 SPARKMAN RD PLANT CITY, FL 33566 <i>760 Central Parke Cir Apt 204 Lakeland, FL 33805</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRENCH, DANA Burtz, Jean 3012 CLEMONS RD PLANT CITY, FL 33566 <i>4130 W. Bella Vista St Lakeland, FL 33810</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FRENCH, GLENN 3012 CLEMONS RD PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TR MCDONALD, ERVIN 618 S. WIGGINS RD PLANT CITY, FL 33566
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Kathleen McCullough*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/16/06 *813-689-1411*
Date Daytime Phone #